

Work Order ID 89550

89550

Page 1

August-24-12 10:09:07 AM

Item ID: D4640-5 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: LH Wall Protector
 Start Date: 8/24/12 Start Qty: 10.00 ***10*** Cust Item ID:
 Required Date: 11/05/12 Req'd Qty: 10.00 ***10*** Customer:
 Reference:

Approvals: Process Plan: ✓ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|---------------------------------------|---|------------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| Draw Nbr | Revision Nbr | | | | | | | | |
| D4640 | 1012652 | 0.00 | | | | | | | |
| 100 | *100* Waterjet FLOW CNC Waterjet | 0.00 <i>frimmed</i> | | | | <u>10</u> | <u>0</u> | | <u>Jm 13-1-16</u> |
| | Memo Cut as per dwg Prog Rev: <u>C</u> Dwg Rev: <u>C</u> Deburr as required | | | | | | | | |
| 110 | QC2- Inspect parts off machine FAI/FAIB | 0.00 | | | | | | | |
| *110* QC Quality Control | Memo | 0.00 | | | | <u>10</u> | <u>0</u> | | <u>Jm 13-1-16</u> |

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|-------------------|---|-------------|--------------|--------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
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| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|---|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |

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Page 2

August-24-12 10:09:07 AM

Item ID: D4640-5 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: LH Wall Protector
 Start Date: 8/24/12 Start Qty: 10.00 ***10*** Cust Item ID:
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| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|---|---|----------------------|---------|--------|-------------------|---------------|---------------|------------------|----------------|
| 120 *120* QC Quality Control | QC8- Inspect parts - second check Memo Use template to mark locations | 0.00 0.00 13.17 | | | | 5 | | | |
| 130 *130* Packaging Packaging | Identify as per dwg & Stock Location Memo | 0.00 0.00 | | | DAS 06 9-89 | | | 131/22 | |
| 140 *140* QC Quality Control | QC21- Final Inspection - Work Order Release Memo | 0.00 0.00 | | | | | MLJ | 13-01-25 | MF 13-1-25 |

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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| Other <input type="checkbox"/> | | | | | | | | | | | |
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| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
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Picklist Print

August-24-12 10:09:07 AM

Page 1

Work Order ID: 89550

Parent Item: D4640-5

Start Date: 8/24/12

Required Date: 11/05/12

Parent Item Name: LH Wall Protector

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.05.08 NEW ISSUE DD VERF:EC

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|-----------------------------|---------------|----------------|------------|
| MLEXS.093-F6006-07 GE PLASTICS LEXAN SHEET | | Purchased | No | | | 100 | sf | 1,452.6700 | 11.65 | 122.63158 125 | | | Jm 13-1-16 |
| | | | | <u>Location</u> | | <u>Loc Qty</u> | | <u>Loc Code</u> | | | | | |
| | | | | therm | | 1452.67 | | | | | | | |
| | | | | 112176 | | 40.44 | | | | | | | |
| | | | | 114459 | | 1412.23 | | | | | | | |
| | | | | 123105 | | | | | | 123105 | | | |

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE


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| Training <input type="checkbox"/> | | | | | | | | | | | |
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FIRST ARTICLE INSPECTION CHECKLIST

| | | | | |
|-----|----------|-----------|------------|---|
| Rev | Date | Change | Revised by | Approved |
| A | 12.09.26 | New Issue | KJ |  |

NCR: Yes / No

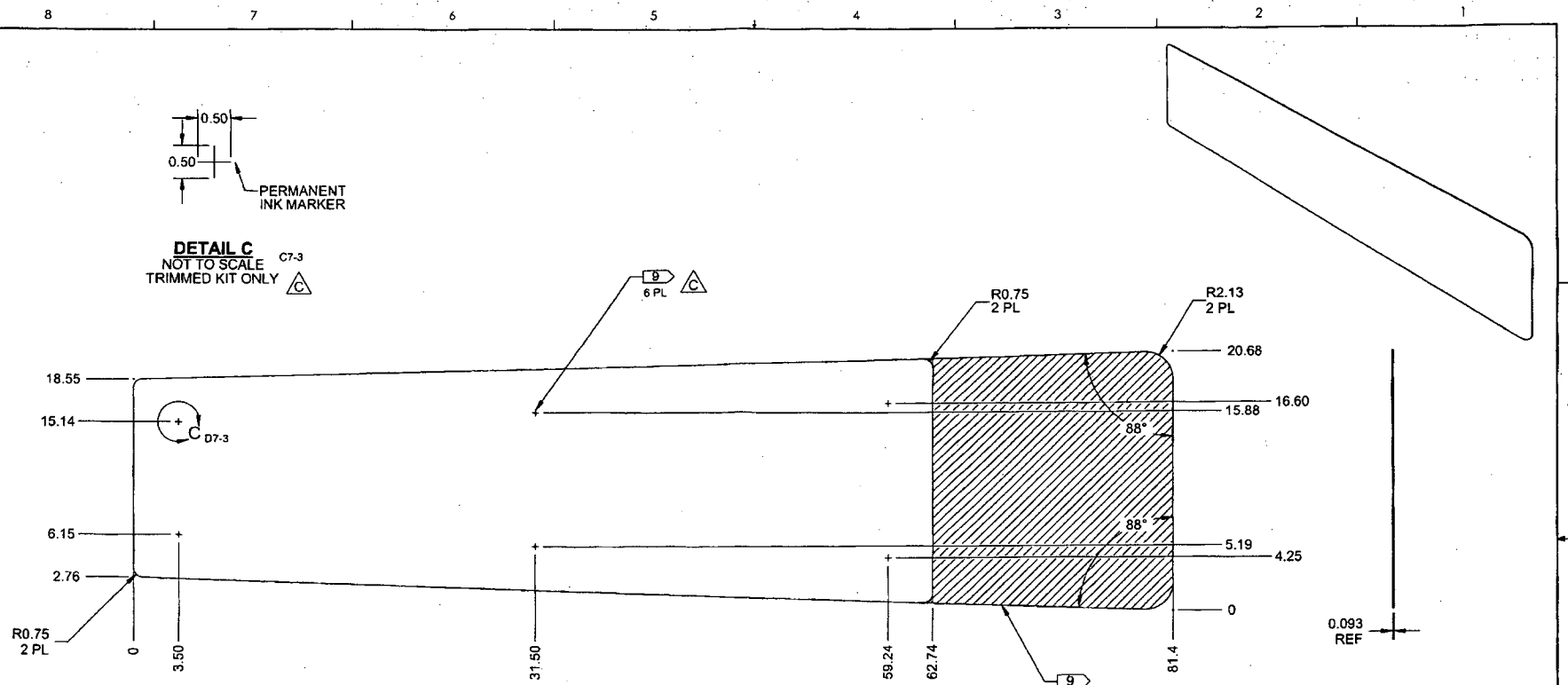
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

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D4640-5 LH WALL PROTECTOR
TEXTURED SIDE SHOWN

RELEASED
2012-11-29
JMP

NOTES:

- 1) MATERIAL: F6006-GY5B133 GRAY LEXAN SHEET (SUEDE/POLISHED) 0.093 THICK
REF DART SPEC MLEXS.093-F6006-07
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1 ON SMOOTH SIDE
- 7) WEIGHT: 6.00 lbs (TRIMMED WEIGHT = 4.49 lbs)
- 8) CHECK PER TEMPLATE DT8926
- 9) IF CUSTOMER REQUESTS "TRIMMED KIT" ON PURCHASE ORDER:
- DRAW 0.50" CROSS ON TEXTURED SIDE AT INDICATED LOCATIONS USING PERMANENT INK MARKER
- TRIM AND REMOVE SHADED AREA

| | | | |
|------------|----------|--|--------------|
| DESIGN | | DART AEROSPACE LTD | |
| DRAWN | | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | | DRAWING NO. | REV. C |
| MFG. APPR. | | D4640 | SHEET 3 OF 9 |
| APPROVED | | TITLE | SCALE |
| DE APPR. | | BAGGAGE PROTECTOR | NTS |
| DATE | 12.11.22 | COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. | |